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CONFIRMATION NO. 4087

<b>SERIAL NUMBER</b> 10/510,694	<b>FILING OR 371(c) DATE</b> 10/08/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> MUR-043-USA-PCT
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/JP03/03992 03/28/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

JAPAN 2002-105796 04/08/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

27955

**TITLE**

Insulin administration apparatus

<b>FILING FEE RECEIVED</b> 1038	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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